MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9:30 P.M.

05191

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 15 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Francis Villa	STREET ADDRESS (If rural, give location) Commerce & Market

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sister M. Assisium (McBride)

4. DATE OF DEATH (Month) (Day) (Year): 5/20/50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
Female	White	Single	2/10/1872	78 yrs.	3	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Convent	Ireland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John McBride	Majorie Haggerty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Hosp. Records, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Cerebral Hemorrhage	3 days
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	10 yrs.
		(c) Cardio Vascular Disease	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to May 20, 1950, that I last saw the deceased alive on May 20, 1950, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles J. Foley M.D. 400 S. Union/Havre de Grace, Md. 5/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/23/50	Cathedral	Wilmington, Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 22-1950	A. L. Lewis M. D.	Pennington & Son	Pennington & Son, Havre de Grace

52094

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 25 1950
BUREAU V. S.

05192

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bushes Corner
LENGTH OF STAY (in this place): 11 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bushes Corner
STREET ADDRESS (If rural, give location): Pylesville R.D.

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) May (Last) Beasley

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10 1878

9. AGE last birthday: 51 yrs. — If under 1 year: Months 10, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Carroll Co Va

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Reuben Horton

14. MOTHER'S MAIDEN NAME: Martha Jane Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Elbert Dewey Beasley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gangrene, Right Foot and Buttocks	2 weeks
722.0 Antecedent cause(s)	Emaciation, Severe, with Hypoproteinemia.	10 years
59a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Decubitus Ulcers, Right Foot, and Buttocks, Elbows back and ribs.	10 months
	(c) Arthritis, Atrophic, Generalized	16 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1949, to May 6, 1950, that I last saw the deceased alive on April 4, 1950, and that death occurred at 10:45a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robt Barthel MD — ADDRESS: Forest Hill, Maryland — DATE SIGNED: May 6, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 9-50 — NAME OF CEMETERY OR CREMATORY: Pine Grove — LOCATION (City, town, or county) (State): Shorts Creek Carroll Va

DATE REC'D BY LOCAL REG.: 5/6/50 — REGISTRAR'S SIGNATURE: Priscilla Sowood — **24. FUNERAL DIRECTOR** ADDRESS: Martin & Kurtz Jarrettsville Md.

RECEIVED
MAY 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05193

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 60 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 466 Bourbon

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) (Last) Bond

4. DATE OF DEATH: (Month) 5/12/50 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: II/I3/I869

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen J. Bond

14. MOTHER'S MAIDEN NAME: Francilla ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lesslie Bond, Havre de GRace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency 443x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d

(b) Chronic Cardio Vascular

(c) Disease - Hypertension.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 19 49, to 5-12, 19 50, that I last saw the deceased alive on 5-11, 19 50 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE A. L. Lewis M.D. (Degree or title) ADDRESS Havre de Grace Md. DATE SIGNED 5/14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 5/I4/50

NAME OF CEMETERY OR CREMATORY Angel Hill

LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. May 14-1950

REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR Pennington & Son

ADDRESS Havre de Grace, Md.

VS-A15

RECEIVED
MAY 16 1950
BUREAU OF S.

05194

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) 105 E Broadway

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William Wills Bradford 3D
4. DATE OF DEATH (Month) (Day) (Year): May 26 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: July 4/1902
9. AGE last birthday: 48 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mfg
10b. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Bel Air
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: William W Bradford 2nd
14. MOTHER'S MAIDEN NAME: Lavinia Boarman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-20-7631
17. INFORMANT AND ADDRESS: M56 Wm W Bradford 3D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 hrs
331x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential hypertension	10 yrs?
83a	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1950, to May 26, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 6 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson M.D Forest Hill Md 5/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 29/50
NAME OF CEMETERY OR CREMATORY: St James
LOCATION (City, town, or county) (State): My Lady's Manor Harford Md

DATE REC'D BY LOCAL REG.: 5/29/50
REGISTRAR'S SIGNATURE: Priscilla Fourwood
24. FUNERAL DIRECTOR ADDRESS: Joseph T Foster, Bel Air, Md

156 XV

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 1 1950
BUREAU V. R.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

05195

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural Darlington Rt 2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — near Dublin
STREET ADDRESS (If rural, give location): Rural at Hughes mill

3. NAME OF DECEASED (Type or Print): James (First) Amos (Middle) Catron (Last)

4. DATE OF DEATH: May (Month) 5 (Day), 1950 (Year)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: March 8, 1899
9. AGE last birthday: 51 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw mill worker
10b. KIND OF BUSINESS OR INDUSTRY: Hughes Saw mill
11. BIRTHPLACE (State or foreign country): ~~Knox County Kentucky~~ Ewing Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A. Error. Cert. Ewing Va.

13. FATHER'S NAME: Charlie Catron
14. MOTHER'S MAIDEN NAME: Addie Mink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 403-09-0278
17. INFORMANT AND ADDRESS: Carie Catron Darlington, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Uremic poisoning — 2 days

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal failure — 4 days

(c) ~~Hypertensive cardiovascular~~ renal disease — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 7, 1950, to May 5, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 11:52 a.m., from the causes and on the date stated above.

SIGNATURE: Charles A. Neff (Degree or title) M.D. ADDRESS: Street, Md. DATE SIGNED: 5-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: May 7, 1950
NAME OF CEMETERY OR CREMATORY: Babtist View Cem
LOCATION (City, town, or county) (State): Harford Co., Md.

DATE REC'D BY LOCAL REG.: May 6, 1950,
REGISTRAR'S SIGNATURE: C. H. Kirk
24. FUNERAL DIRECTOR: H. S. Bailey, ADDRESS: Darlington, Md.

496 09

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MAY 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05196 1549 C9 1550

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Md — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Estella Kerr (Last) Coale

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug 17. 1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Bel Air, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Chas. E Kerr

14. MOTHER'S MAIDEN NAME: Anna Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: H Edw. Coale Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 2 days

443x Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949 to May 16, 1950, that I last saw the deceased alive on May 16, 1950, and that death occurred at 4P m., from the causes and on the date stated above.

SIGNATURE: Charles Richardson Jr (Degree or title) ADDRESS: Bel Air, Md DATE SIGNED: 5/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 19-1950 — NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens — LOCATION (City, town, or county) (State): Bel Air Harford Md

DATE REC'D BY LOCAL REG. 5/18/50 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR ADDRESS: Jos. T. Foster Bel Air, Md.

RECEIVED
MAY 19 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05197

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRYVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Coudon
4. DATE OF DEATH (Month) MAY (Day) 2 (Year) 1950
5. SEX MALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 9, 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - Farm owner
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joseph Coudon (deceased)
14. MOTHER'S MAIDEN NAME Arketta Wroth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Martha Coudon - Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary Thrombosis	3 days
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Arteriosclerosis	1 yr
		(c) Cardio Vascular Disease	7 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30, 1950, to 5/2, 1950, that I last saw the deceased alive on 5/2, 1950, and that death occurred at 5:35 P.m., from the causes and on the date stated above.

SIGNATURE Charles J. Foley MD (Degree or title) ADDRESS 790 S. Main Havre de Grace Md DATE SIGNED 5/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-5-1950
NAME OF CEMETERY OR CREMATORY St. Mary Anne's
LOCATION (City, town, or county) North East, (State) Md.

DATE REC'D BY LOCAL REG. MAY 5, 1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

RECEIVED
MAY 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05198

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest TOWN) Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) Warren Street

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) J (Last) Curtis

4. DATE OF DEATH: (Month) 5 (Day) 24 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: 5-14-1857 | 9. AGE last birthday: 93 yrs. | If under 1 year: Months — Days 10 | If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Harford County, Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Ramsey | 14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — | (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mrs Beatrice Merchant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	1 day.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
260X 61	(c) Diabetes Mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to May 24, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel P. Dolce	M.D.	Havre de Grace	May 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-27-50	St. James Cemetery	Havre de Grace,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 26-1950	A. L. Lewis M.D.	Elmer E. Bullock	Havre de Grace, Md

RECEIVED
MAY 27 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05199

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air | LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md Bel Air COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lucille (Middle) Phillips (Last) Doles.

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: June 12 - 1898

9. AGE last birthday: 51 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Research

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Miles Bently

14. MOTHER'S MAIDEN NAME: Bently

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-20-7046

17. INFORMANT AND ADDRESS: Harry Doles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
334x	Immediate cause	(a) Apoplexy	8 hours
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension (severe)	3 years.
		(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Oct, 1947, to 29 MAY, 1950, that I last saw the deceased alive on 29 MAY, 1950, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. P. Sidwell M.D Bel Air, Md 31 May 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 2-50 | NAME OF CEMETERY OR CREMATORY: Hendon Hill | LOCATION (City, town, or county) (State): Vale Md

DATE REC'D BY LOCAL REG. 5/31/50 | REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR ADDRESS: Joseph T. Foster, Bel Air, Md.

49697

RECEIVED
JUN 3 1960
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05260

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE | LENGTH OF STAY (in this place) 2 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLORA | Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Cecil (Middle) (Last) Gough

4. DATE OF DEATH: (Month) MAY (Day) 24 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: Sept. 9, 1901

9. AGE last birthday: 49 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-Employed - GArage & Gas station

10b. KIND OF BUSINESS OR INDUSTRY: Owned GAS Station

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Gough (deceased)

14. MOTHER'S MAIDEN NAME: Emma Murrphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 232-09-5938

17. INFORMANT AND ADDRESS: Ida Gough (wife), Colora, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ileus, paralytic — Interval between onset and death: 12 hours

916.3 Antecedent cause(s)

195e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Burns 2nd 3rd & 4th degree 60% body surface — 2 1/2 days

(c) Toxemia, a — 2 1/2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Garage | (CITY OR TOWN) Colora | (COUNTY) Cecil | (STATE) Md.

TIME OF INJURY (Month) 5 (Day) 21 (Year) 1950 (Hour) 7:30 p.m. | INJURY OCCURRED While at Work ☒ Not While At work ☐ | HOW DID INJURY OCCUR? Explosion of gasoline in garage

22. I hereby certify that I attended the deceased from 5/21, 1950, to 5/24, 1950, that I last saw the deceased alive on 5/23, 1950, and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE Theodore J. Bischoff | (Degree or title) M.D. | ADDRESS Rising Sun, Maryland | DATE SIGNED 5/24/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 27-50 | NAME OF CEMETERY OR CREMATORY West Nottingham | LOCATION (City, town, or county) Colora | (State) Md

DATE REC'D BY LOCAL REG. May 24 1950 | REGISTRAR'S SIGNATURE W. L. Lewis M. D. | 24. FUNERAL DIRECTOR J. E. Syren | ADDRESS Rising Sun Md

156 TV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05201

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Indiana COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goshen
STREET ADDRESS (If rural, give location) 1014 West Clinton St.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) V (Last) Gray
4. DATE OF DEATH (Month) May (Day) 15 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 27, 1916
9. AGE last birthday 34 yrs. If under 1 year Months Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker
10b. KIND OF BUSINESS OR INDUSTRY Selling real estate
11. BIRTHPLACE (State or foreign country) Bluffton Ind.
12. CITIZEN OF WHAT COUNTRY U. S.

13. FATHER'S NAME Harry Gray
14. MOTHER'S MAIDEN NAME Grace Burris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Molly Gray, 1014 W. Clinton St. Goshen, Ind.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture Skull	none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

866.1
173

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Jarrettsville (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) May (Day) 15 (Year) 1950 (Hour) 10 AM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? His airplane hit tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer MD (Degree or title) Deputy Medical Examiner ADDRESS Harford County Bell Air, Md DATE SIGNED 5/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 19, 1950
NAME OF CEMETERY OR CREMATORY Goshen
LOCATION (City, town, or county) Goshen, (State) Ind.

DATE REC'D BY LOCAL REG. 5/15/50
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR Martin G. Kurtz, ADDRESS Jarrettsville, Md.

27681

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 19 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05202

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frances Eugene (Middle) ~~Holbrook~~ (Last) Holbrook

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1950

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: June 27 1934 — 9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Boy — 10b. KIND OF BUSINESS OR INDUSTRY: School — 11. BIRTHPLACE (State or foreign country): Baltimore City — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles C Holbrook — 14. MOTHER'S MAIDEN NAME: Helen Kaufuss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: No — 17. INFORMANT: Mrs. Phillip Green Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.1 **Immediate cause** (a) Accidental Drowning —

183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY On Tumber Farm — (CITY OR TOWN) Darlington — (COUNTY) Harford — (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY May 31 1950 2 P m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Swam soon after lunch & had cramps.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Ronald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air, Md. 5/31/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 3 1950 — NAME OF CEMETERY OR CREMATORY Wesleyan Chapel Cem — LOCATION (City, town, or county) Harford Co. — (State) Md.

DATE REC'D BY LOCAL REG. June 1 1950 — REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR H. S. Bailey — ADDRESS Darlington, Md.

RECEIVED
JUN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05203

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 209 Union Ave.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) (Last) Hollahan

4. DATE OF DEATH: (Month) 5th (Day) 11th (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 25, 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months. 9 Days. 13 If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hollahan

14. MOTHER'S MAIDEN NAME: Julia Wall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. M. W. Fahey, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia. (Hypo. static)

20/x 44b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hodgkins Disease c metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1950, to 5/11, 1950, that I last saw the deceased alive on 5/11, 1950, and that death occurred at 11:50 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William S. Womach M.D. Harford Mem. Hosp. 5/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 5/15/50 | NAME OF CEMETERY OR CREMATORY Mt. Erin | LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. May 14 1950 | REGISTRAR'S SIGNATURE A. L. Lewis M. D. | 24. FUNERAL DIRECTOR ADDRESS Cummings & Son Havre de Grace

RECEIVED
MAY 16 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05204

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
STREET ADDRESS (If rural, give location) 504 EIRE ST.

3. NAME OF DECEASED (Type or Print) (First) MILDRED (Middle) ARLEEN (Last) JACKSON

4. DATE OF DEATH (Month) MAY (Day) 5 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH FEB 1, 1950

9. AGE last birthday — yrs. If under 1 year Months 3 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME NORRIS VENTON JACKSON

14. MOTHER'S MAIDEN NAME CLARA LIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS CLARA LIGHT JACKSON - HAVRE de GRACE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
751x	Immediate cause	(a) HYDRO-CEPHALUS	2 MO.
157a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) LUMBAR SPINA-BIFIDA (ARNOLD-CHIARI SYNDROME)	3 MO 5 DAY
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 FEB, 1950, to 5 MAY, 1950, that I last saw the deceased alive on 20 APRIL, 1950, and that death occurred at 11 20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R B Norment MD ADDRESS Havre de Grace Md DATE SIGNED 5-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 5-7-1950

NAME OF CEMETERY OR CREMATORY Asbury

LOCATION (City, town, or county) (State) Port Deposit, Md. R D

DATE REC'D BY LOCAL REG. MAY 6, 1950

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Vic A. Patterson & Son. ADDRESS Perryville, Md.

2-0-2-01-0-38-0 (10)-40-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 9 1950
BUREAU V

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05205

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Prov. Gd.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Maryland.
STREET ADDRESS (If rural, give location) 9 Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print) (First) Dianne (Middle) Elizabeth (Last) Kirkendall
4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sing.
8. DATE OF BIRTH 8 May 1950
9. AGE last birthday yrs. If under 1 year Months. Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Non
10b. KIND OF BUSINESS OR INDUSTRY Non
11. BIRTHPLACE (State or foreign country) A.P.G. Harford Co Md
12. CITIZEN OF WHAT COUNTRY? USC
13. FATHER'S NAME Kirkendall, Lyle Guy
14. MOTHER'S MAIDEN NAME Kershner, Alma Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. Non
17. INFORMANT AND ADDRESS Guy Kirkendall, Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH 2 days

752X Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1950, to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 6 50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stelio Impresca, M.D. Aberdeen Proving Ground May 10 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 11, 1950
NAME OF CEMETERY OR CREMATORY Post Cemetery
LOCATION (City, town, or county) Aberdeen Proving Ground (State) Md

DATE REC'D BY LOCAL REG. May 16-50
REGISTRAR'S SIGNATURE Nellie F. Riley
24. FUNERAL DIRECTOR Howard C. McCormick Son ADDRESS Aberdeen Md

20-5-08-0-19-1-40-5

RECEIVED
MAY 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05206

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1012 Barnaby Terrace S.E.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) A. (Last) Melrose Jr
4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 25, 1905
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attendant
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas H. Melrose Sr
14. MOTHER'S MAIDEN NAME Ruby Hutson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-12-7211
17. INFORMANT Mr. Ruby E. Leebrick 1012 Barnaby Terrace Washington D.C. (S.E.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Fracture Skull —

170 c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound, comminuted fracture both bones both legs —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U S Route 40 (CITY OR TOWN) Joppa (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) May (Day) 10 (Year) 1950 (Hour) 10:50 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by Auto on Highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M D Deputy Medical Examiner Harford Co Bel Air, Md 5/11/50

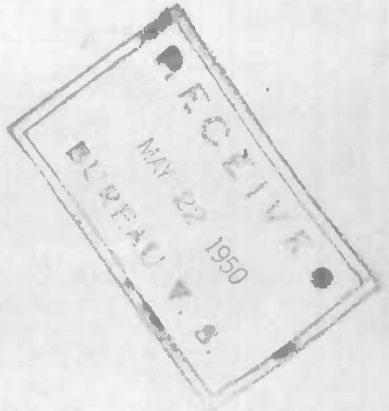
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 16, 1950
NAME OF CEMETERY OR CREMATORY Cokesbury
LOCATION (City, town, or county) Abingdon Harford (State) Md

DATE REC'D BY LOCAL REG. May 16, 1950
REGISTRAR'S SIGNATURE Marie M Mouladale
24. FUNERAL DIRECTOR Howard K. McCormack Son ADDRESS Abingdon Md 79090

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


RECEIVED
MAY 22 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05207

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford Md. - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Van Bel Air | LENGTH OF STAY (in this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wallis Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 128 S. Stokes

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) Samuel (Last) Nichols

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/17/1872

9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Havre de Grace

11. BIRTHPLACE (State or foreign country): Laurel Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert E. Nichols

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Geo. Nichols, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio - sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY nursing home (CITY OR TOWN) Belair (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) May (Day) 16 (Year) 1950 (Hour) 6:32 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Accidental

22. I hereby certify that I attended the deceased from June, 1949, to May 30, 1950, that I last saw the deceased alive on May 16, 1950, and that death occurred at 6:32 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. J. Simon M.D. Havre de Grace 5-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 5/18/50 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE RECD BY LOCAL REG. May 18-1950 | REGISTRAR'S SIGNATURE G. L. Lewis M. D.

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

15698

RECEIVED
MAY 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05208

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen | LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 236 S. Rogers St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 236 S. Rogers St.

3. NAME OF DECEASED (Type or Print): (First) Granville (Middle) P. (Last) Pyle

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Oct. 9th 1871

9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant-Grocery+ Meat

10b. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Pyle

14. MOTHER'S MAIDEN NAME: Mary Belsly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. G. Kessler Livezey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) CARDIAC FAILURE

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — 5 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. POLY NEURITIS, CAUSE UNDETERMINED

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 1, 1950, to MAY 24, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Brown McDonald Jr. M.D. Aberdeen, Md. 5-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: May 26th 1950 | NAME OF CEMETERY OR CREMATORY: Aspers | LOCATION (City, town, or county) (State): Aberdeen. Md

DATE REC'D BY LOCAL REG.: May 25-50 | REGISTRAR'S SIGNATURE: Nellie D. Riley | 24. FUNERAL DIRECTOR: Henry Farring & Sons | ADDRESS: Aberdeen. Md.

15661

RECEIVED
MAY 31 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05209

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY Harford MARYLAND

~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington Rural

LENGTH OF STAY (in this place) 82 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Harford

~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington Rural

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) D. V. (Last) ~~Stainback~~ Stainback

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH April 9, 1868

9. AGE last birthday 82 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. V. Virdin

14. MOTHER'S MAIDEN NAME Catherine Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. no

17. INFORMANT AND ADDRESS Mr. John Avery Stainback

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

331x

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1950, to May 23, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE H. Snodgrass (Degree or title) M.D. ADDRESS Darlington Md. DATE SIGNED 5/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE May 23 1950

NAME OF CEMETERY OR CREMATORY Churchville Cem.

LOCATION (City, town, or county) Harford Co., Md. (State)

DATE REC'D BY LOCAL REG. May 23, 1950

REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS-A15

RECEIVED
JUN 5 1950
BUREAU V. S.

05210

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) RFD #2, Aberdeen, Md.

3. NAME OF DECEASED (Type or Print) (First) Myrtle (Middle) P. (Last) Thompson
4. DATE OF DEATH (Month) May (Day) 28 (Year) 1950

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 2-12-83
9. AGE last birthday 67 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Winfield Armstrong
14. MOTHER'S MAIDEN NAME Laura Arthur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Husband - same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Mesenteric Thrombosis	8 hrs
Antecedent cause(s)	(b)	Mitral Stenosis due to	10
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Rheumatic Heart Disease	20 yrs

410x
92b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1940, to May, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 4:39 m., from the causes and on the date stated above.

SIGNATURE J. Ralph Horky M.D. (Degree or title) ADDRESS Churchville DATE SIGNED May 28

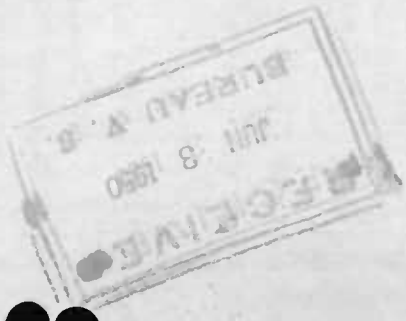
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 30, 1950
NAME OF CEMETERY OR CREMATORY Baker's Cemetery
LOCATION (City, town, or county) Aberdeen Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. May 29-50
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Tarring End Sons ADDRESS Aberdeen, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05211

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville — LENGTH OF STAY (in this place) 2 wks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulford
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Bel Air R D.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) W (Last) Thompson

4. DATE OF DEATH (Month) May (Day) 8 (Year) 1950

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH Aug 26 1869 — 9. AGE last birthday 80 yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10b. KIND OF BUSINESS OR INDUSTRY Farm — 11. BIRTHPLACE (State or foreign country) Harford Co, Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS Mrs Raymond Scott Churchville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X Immediate cause (a) Carcinoma of Stomach — 6 week?

Antecedent cause(s)

46 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 15, 1950, to May 8, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H K Dulaney M D — ADDRESS Aberdeen Md — DATE SIGNED 5/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE May 10, 1950 — NAME OF CEMETERY OR CREMATORY Calvary Methodist — LOCATION (City, town, or county) Calvary Harford, (State) Md

DATE REC'D BY LOCAL REG. 5/9/50 — REGISTRAR'S SIGNATURE Priscilla Fowood — 24. FUNERAL DIRECTOR Howard K. McConnell & Son — ADDRESS Aberdeen Md 866 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 12 1950
BUREAU V. R.